

General practitioners in the United Kingdom

MPS



Please complete this form and return it to: Membership Services, The Medical Protection Society Limited, Granary Wharf House, Leeds LS11 5PY.

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application. If you would prefer it to commence from a **later** date please state:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**Please complete all parts of this form
and sign the declaration on page 5**

| | |
|-------|-------------|
| Title | Forename(s) |
|-------|-------------|

| |
|---------|
| Surname |
|---------|

| |
|------------------------|
| Previous name (if any) |
|------------------------|

| | | | | | | | | | |
|---|----------------------|---|---|---|---|---|---|---|---|
| Date of birth | Gender (please tick) | | | | | | | | |
| <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | D | D | M | M | Y | Y | Y | Y | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| D | D | M | M | Y | Y | Y | Y | | |

| |
|-------------------------|
| GMC registration number |
|-------------------------|

| |
|----------------------|
| Degrees and diplomas |
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| |
|----------------|
| Medical school |
|----------------|

| | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|
| Month and year of graduation | <table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | M | M | Y | Y | Y | Y |
| M | M | Y | Y | Y | Y | | |

| |
|----------------------------------|
| Address in UK for correspondence |
| |
| |
| |
| Postcode: |

| |
|---|
| Email address: (Please see Data Protection Information on page 6) |
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| |
|-------------------|
| Daytime telephone |
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|-------------------|
| Evening telephone |
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| Mobile telephone |
|------------------|

Will all your medical practice be carried out in the United Kingdom? Yes No
If no, please give full details in the space below. If necessary please continue on a separate sheet.

If you are registered to practise in any other countries please state which:

Important information – please read

- As part of our normal process, we may approach your previous indemnity or insurance organisation in the UK for your claims history. This process will take a minimum of 15 working days.
- Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to any advice or assistance from MPS.
- When completing the previous history section on page 2 you must account for any gaps in your indemnity or insurance history from your date of graduation.
- If you have had professional indemnity or insurance (other than from MPS) for any practice outside the United Kingdom you must obtain your case history to submit with this application.
- As MPS provides occurrence based membership, we would not assist with any matter arising from an incident pre-dating your MPS membership.
- If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure "run-off" cover for any future claim which may arise from an incident pre-dating your MPS membership.
- Please note that signing the declaration on page 6 indicates acceptance of the requirements below:
- Members undertake to keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address, private practice income and scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership. Members should understand that MPS is not an insurance company. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and articles of Association, as amended from time to time.

Previous history

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. Failure to disclose full and accurate details about your previous history may invalidate your membership.

| | |
|--|--|
| 1. Have you had any professional indemnity/insurance before? | <input type="checkbox"/> Yes (Please go to question 2) |
| | <input type="checkbox"/> No (Please go to question 5) |
| 2. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed). | |
| Name: | Membership number: |
| 3. Please give the name of all other organisations and the dates during which you were a member or policyholder.* | |
| Organisation: | From: To: Membership/Policy number: |
| 4. Have there been any gaps in your professional indemnity/insurance since the date of your graduation? (If in doubt please indicate YES.) | |
| | <input type="checkbox"/> Yes (Please give dates and details)* |
| | <input type="checkbox"/> No |
| 5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms? | |
| | <input type="checkbox"/> Yes (Please give dates and details)* |
| | <input type="checkbox"/> No |
| 6. Have you ever been the subject of any complaint arising out of your professional practice? (If in doubt please indicate YES.) | |
| | <input type="checkbox"/> Yes (Please give dates and details)* |
| | <input type="checkbox"/> No |
| 7. Have you ever been involved in any claim for compensation arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt please indicate YES.) | |
| | <input type="checkbox"/> Yes (Please give dates and details)* |
| | <input type="checkbox"/> No |
| 8. Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health care provider? (If in doubt please indicate YES.) | |
| | <input type="checkbox"/> Yes (Please give dates and details)* |
| | <input type="checkbox"/> No |
| 9. Have you ever been subject to any referral, complaint, inquiry or investigation or hearing by the GMC or any other registration body or had conditions imposed on your practice or been suspended or erased from a medical register? (If in doubt please indicate YES.) | |
| | <input type="checkbox"/> Yes (Please give dates and details and provide copies of relevant correspondence)* |
| | <input type="checkbox"/> No |
| 10. Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)? | |
| | <input type="checkbox"/> Yes (Please give dates and details)* |
| | <input type="checkbox"/> No |
| 11. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? If in doubt please indicate YES. | |
| | <input type="checkbox"/> Yes (Please give dates and details)* |
| | <input type="checkbox"/> No |

General practitioners

Please list below your current primary care status and any additional primary care roles undertaken.

1. Your MAIN primary care status: (Please tick one box only)

- | | |
|---|---|
| <input type="checkbox"/> NHS employing partner/GP provider | <input type="checkbox"/> Commercial out-of-hours provider |
| <input type="checkbox"/> Private GP (Non NHS primary care services) | <input type="checkbox"/> Clinical director |
| <input type="checkbox"/> Freelance GP (Locum) | <input type="checkbox"/> Forensic medical examiner (police surgeon) |
| <input type="checkbox"/> Salaried GP | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> GP assistant | <input type="checkbox"/> Prison service (including part-time and locum) |
| <input type="checkbox"/> Flexible career scheme | <input type="checkbox"/> School doctor |
| <input type="checkbox"/> GP retainer | <input type="checkbox"/> Ships doctor |
| <input type="checkbox"/> GP returner | <input type="checkbox"/> Other (Please specify below) |
| <input type="checkbox"/> GP appraiser | |
| <input type="checkbox"/> Career start | |
| <input type="checkbox"/> Academic | |

2. ADDITIONAL primary care roles undertaken: (Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> NHS employing partner/GP provider | <input type="checkbox"/> Commercial out-of-hours provider |
| <input type="checkbox"/> Private GP (Non NHS primary care services) | <input type="checkbox"/> Clinical director |
| <input type="checkbox"/> Freelance GP (Locum) | <input type="checkbox"/> Forensic medical examiner (police surgeon) |
| <input type="checkbox"/> Salaried GP | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> GP assistant | <input type="checkbox"/> Prison service (including part-time and locum) |
| <input type="checkbox"/> Flexible career scheme | <input type="checkbox"/> School doctor |
| <input type="checkbox"/> GP retainer | <input type="checkbox"/> Ships doctor |
| <input type="checkbox"/> GP returner | <input type="checkbox"/> Other (Please specify below) |
| <input type="checkbox"/> GP appraiser | |
| <input type="checkbox"/> Career start | |
| <input type="checkbox"/> Academic | |

3. Are you on the GMC GP register? (See note 1 on page 6)

Yes No

4. Are you on any PCO Performers List?

Yes No

5. How are you remunerated? (Please tick one box only)

- Self employed Paid a salary Combination of self employed and salaried

6. Please indicate below if you are paid a salary by anyone other than the practice?

- PCT/PCO Ministry of Defence Home Office (Prison Service) Other (Please specify below)

7. If you are paid a salary by any of the above do you benefit from any employer / NHS indemnity?

Yes No

8. For how many sessions per week do you benefit from employer/NHS indemnity?

PLEASE NOTE: A session is normally defined as a half day or continuous period of work between 3.5 and 5 hours

9. Do you do any out-of-hours work for which you require MPS indemnity (including sessions for a GP co-op)?

Yes No

10. On average, how many sessions per week do you do out-of-hours work?

Weekly out-of-hours sessions are calculated by dividing total weekly hours by 4 and rounding up to the nearest whole number.

11. If you are a salaried GP or GP performer also undertaking GP freelance (locum) work, please indicate if more than 50% of your average weekly working time is spent carrying out locum GP sessions?

12. If you work as a Forensic Medical Examiner (FME), on average how many sessions per week do you do?

13. Please tick any cosmetic/aesthetic treatments or procedures you undertake (See note 2 on page 6). **Please also complete Q14.**

Non-permanent and semi-permanent fillers in the treatment of wrinkles and/or lip enhancement*

Botox*

IPL*

Microdermabrasion*

Superficial chemical peels only (affecting the intra-epidermal layer)*

Sclerotherapy*

Please tick if more than 50% of your working time is spent in cosmetic/aesthetic medicine

Mesotherapy

Tattoo removal

Hair transplants

Other (Please specify and include any surgical procedures)

If you perform any of these procedures please contact the Membership Helpline

How many cosmetic/aesthetic medicine sessions do you do per week?

14. Total weekly clinical GP sessions for which you require MPS indemnity including out-of-hours work, FME and cosmetic/aesthetic medicine sessions (involving those treatments included in a GP subscription as above*).



Important

15. Do you work in any of the following areas?

Termination of pregnancy (Gross pa)

£

Complementary/alternative medicine (Please specify below)

Family planning (Gross pa)

£

Slimming clinics

16. Are you involved in the treatment of elite/professional sportsmen or sportswomen?

Yes (Please provide details below)

If you are unsure please contact the Membership Helpline on 0845 718 7187. (See note 3 on page 6)

No

17. Please indicate if you are a:

Single-handed GP

Specialty

Date of last PCT accreditation

GP with special interest

18. Please tick what service you provide, and what services your practice provides.

| | You | Your Practice | | You | Your Practice |
|------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|
| GMS – Essential | <input type="checkbox"/> | <input type="checkbox"/> | PMS | <input type="checkbox"/> | <input type="checkbox"/> |
| GMS – Additional | <input type="checkbox"/> | <input type="checkbox"/> | Private GP Practice | <input type="checkbox"/> | <input type="checkbox"/> |
| GMS – Enhanced | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |

19. How many whole-time equivalent PCO performers work in your practice?

20. How many patients are registered with your practice?

21.If you do any other work outside the scope of GP practice please specify:

22.If you do any NHS secondary care work please tell us your:

Status:

Specialty:

Is this work NHS indemnified?

Yes

No

Are you on the GMC specialist register for this specialty?

Yes

No

Once you have completed the sections above please sign the declaration below

Declaration – please read and sign

Important information – please read

- It is your responsibility to provide accurate information about your professional practice and relevant income (which may affect the subscription you pay). Failure to notify us of any change of address, private practice income and scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership.



**Please note – You must sign and return this form with a current date.
Any delay in returning this form may invalidate this application**

I wish to apply for membership of MPS subject to the Memorandum and Articles of Association and upon payment of the appropriate subscription. I confirm that I have read the important information on page 1.

I understand that membership is not conferred automatically and is subject to approval. I consent to MPS seeking information regarding past and current matters from other professional defence organisations, insurance companies or employers with whom I have had professional indemnity arrangements, and to the release of that information to MPS. I consent to MPS processing information about me. (Please see data protection information below.) I consent to MPS using the email address provided for communication with me.

I confirm that the information I have provided is correct to the best of my knowledge and that I have read the notes and information below. I also confirm that I have completed the payment instruction on page 7.

Signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Notes and other information

Notes to form – General practitioners

1. MPS requires doctors undertaking primary care services to be in the GMC GP Register.
2. MPS does not offer the benefits of membership for treatment with 'Lipostabil', 'Lipodissolve', 'Flabjab', 'Fat-Away' or similar products with the active ingredient *Phosphatidycholine*.
3. Elite professional sport is defined as sport at a national or international level where the result and remuneration is paramount. This excludes minor professional events and includes sports where the person may not be a professional, in that they are employed or contracted, but depend upon remuneration from sponsorship. This term would also incorporate sports where in the event of litigation the damages claim would reflect a loss of opportunity to develop to a higher level.

Data protection information

We will process the information you provide on our systems for administration of your membership and claims, and for underwriting, marketing, risk assessment, research and advisory purposes. We may disclose your information to legal or other professional advisers or other medical protection organisations as part of our advisory and claims-handling process, as well as to third parties who assist with member services.

By signing this form or completing it online you consent to the processing of personal data, including sensitive personal data for the purposes outlined above.

You have the right under the Data Protection Act to obtain disclosure of personal data that we have relating to you, for which we make a nominal charge.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick this box.

Please tell us why you have chosen MPS

Your comments are important to us, please circle

- | | |
|---|--|
| <input type="checkbox"/> 1 Personal recommendation | <input type="checkbox"/> 6 Other (please give details below) |
| <input type="checkbox"/> 2 Competitive subscription rates | |
| <input type="checkbox"/> 3 MPS membership co-ordinator, please provide their initials: _____ | |
| <input type="checkbox"/> 4 Group arrangement | |
| <input type="checkbox"/> 5 Dissatisfaction with previous organisation | |

MPS office use only

Application for membership

Date received:

Approved by: _____

Date approved:

Processed:

Start date: _____

Joining reason: _____

Grade: _____

Status: _____

Specialty: _____

D P: _____

Access number:

Membership no. _____

Notes: _____

MEDICAL PROTECTION SOCIETY

Granary Wharf House, Leeds LS11 5PY, UK
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 Facsimile +44 (0) 113 241 0500

www.mps.org.uk
member.help@mps.org.uk

The Medical Protection Society Limited
 A company limited by guarantee
 Registered in England No. 36142
 33 Cavendish Square, London W1G 0PS, UK

MPS is not an insurance company.
 All the benefits of membership of MPS are discretionary
 as set out in the Memorandum and Articles of Association.